

Michigan Department of Health and Human Services

MI Care Team Fee Schedule

January-2017

Code	Stage Of Care Coordination	Modifier	Rate	Comments
S0280	Health Action Plan (per participant during first month of enrollment)		\$148.05	1 Per Lifetime
S0281	Ongoing Care Coordination (per participant per month after first month of enrollment)		\$59.50	

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The information on this page serves as a reference only. It does not guarantee that services are covered. Providers are instructed to refer to the Michigan Medicaid Provider Manual, MSA Bulletins and other relevant policy for specific coverage and reimbursement policies. This information can be found on the Medicaid Policy & Forms web page. If there are discrepancies between the information on this page and the Provider Manual, such as rate or coverage determinations, they will be resolved in favor of the Provider Manual language.